C 1 05188 — SEQUENCE NO. (MDE USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 47704

ST/CO USE ONLY
DATE Received 4.30.98

DATE WELL COMPLETED 04 03 98

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1457

OWNER Sheikh (last name) Salman (first name)

STREET OR RFD Benson Branch Rd TOWN Ellicott City

SUBDIVISION Love Property SECTION LOT 4

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	check if water bearing
top Soil	0	2	
Shaley	2	50	
Brown mica	50	65	
gray mica	65	124	
granite	124	260	✓
gray mica & Quartz	260	300	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes [Y] no [N]

CIRCLE APPROPRIATE LETTER
- A — A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
- E — ELECTRIC LOG OBTAINED
- P — TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO.: MWD 040

Bernie F. Easterday
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: MWD 481

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N]

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 17 NO. OF POUNDS 85

GALLONS OF WATER 85

DEPTH OF GROUT SEAL (to nearest foot) from 0 (TOP) ft. to 58 (BOTTOM) ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST	6	60

OTHER CASING (if used)

EACH CASING	diameter (inch)	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

[ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C 2

EACH SCREEN	DEPTH (nearest ft.)	
1	40	58
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 5.

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 41 ft.

WHEN PUMPING 144 ft.

TYPE OF PUMP USED (for test)
- [A] air
- [P] piston
- [T] turbine
- [C] centrifugal
- [R] rotary
- [O] other (describe below)
- [J] jet
- [S] submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO): YES (NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

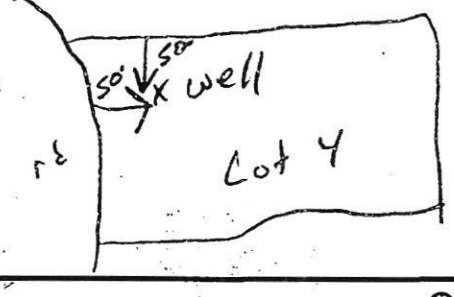
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)
- [+] above LAND SURFACE
- [–] below

2 (nearest foot)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 | 2849 | SEQUENCE NO. (MDE USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-94-1457
fill in this form completely

Date Received (APA): 2/23/98

OWNER INFORMATION RN 7368

Sheikh | Salman
Last Name | Owner | First Name

3017 Cluster Pines Court
Street or RFD

Ellicott City, Md. 21042
Town | State | Zip

DRILLER INFORMATION

George F. Easterday | M W D | 040
Driller's Name | License No.

L. Franklin Easterday, Inc.
Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771
Address

George F. Easterday | 2/20/98
Signature | Date

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- [I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- [P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)
- [T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) | JETTED | Jetted & DRIVEN
(AIR-ROTary) | AIR-PERcussion | ROTARY (Hydraulic Rotary)
CABLE | REVerse-ROTary | DRive-POINT
other

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: DS (WRITE INITIALS IN BOX) PERMIT No. HO-94-1457

B 3 **LOCATION OF WELL**

Howard (COUNTY) CC#

Lowe Property (SUBDIVISION)

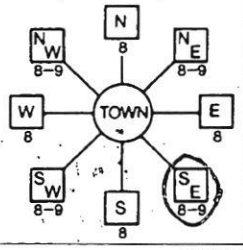
SECTION | LOT 4

West Friendship (NEAREST TOWN)

MILES FROM TOWN (enter 0 if in town)

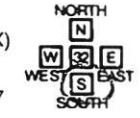
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Benson Branch Rd
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD: 2000 Ft. (ENTER FT OR MI)

TAX MAP: ____ BLK: ____ PARCEL ____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard | A 47764
COUNTY NAME | COUNTY NO.

STATE SIGNATURE ____ INSERT S →

DATE ISSUED 3/5/98 | CO SIGNATURE | EXP. DATE 3/5/99

NORTH GRID 523 000 | EAST GRID 0815 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

4/3/98 NOINSP

SOURCES OF DRILLING WATER
1.
2. wells
3.

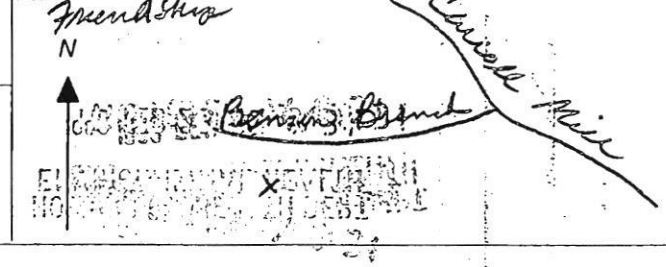
WRITE THE BOX NUMBER FROM THE MAP HERE

E 815
N 520

000
000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

MAP 10 E9



SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

COUNTY

APPLICATION FOR A PERMIT TO APPROPRIATE AND USE WATERS OF THE STATE

Water Resources Administration
Water Supply Section
Tawes Office Building
Annapolis, Maryland 21401

☐ Surface Water ☒ Groundwater ☒ New Application ☐ Change in Existing Permit

Number _____

APPLICATION

LOIS H. LOWE (410) 531-6732
(Owner's Name) (Telephone Number)

12325 BENSON BRANCH ROAD ELLICOTT CITY MD 21042
(Owner's Address) (Street) (Town) (State) (Zip Code)

WITHDRAWAL

GROUNDWATER

Appropriate and use a yearly average of 214 GPD/LOT
650 gallons per day,
[total annual use ÷ 365 days]
and 1100 gallons
[highest total monthly use ÷ days in month]
for the average day of the maximum month, from
3 well(s) having a diameter of
[number]
6 inches, and a depth of
[estimate]
300 ft.
[estimate]

SURFACE WATER

Appropriate and use a yearly average of
_____ gallons per
[total annual use ÷ 365 days]
day, and a maximum use of _____
gallons in any one day, from:
_____
[name of stream]
_____
[exact location of withdrawal]

PROJECT LOCATION

SOUTH SIDE OF BENSON BRANCH ROAD 2400'± WEST OF CARROLL MILL ROAD
Woodmark Sub. [Location — be specific]

County HOWARD Subdivision or town MAYFIELD Phone number (410) 531-6732

Name and type of business THREE(3) PROPOSED SINGLE FAMILY DETACHED DWELLINGS (LOTS 1, 3 AND 4)

ALL APPLICATIONS MUST INCLUDE A COPY OF LOCATION MAP SHOWING THE PROJECT SITE

PURPOSE

The water will be used for:
- ☐ Community Water Supply
- ☐ Non-Potable supply (sanitary uses, not for drinking water)
- ☒ Potable Supply (drinking water, etc.)
- ☐ Cooling Water
- ☐ Irrigation
- ☐ Process Water
- ☐ Other _____ [explain]

WASTEWATER TREATMENT AND DISPOSAL

- ☐ Public Sewer _____ [name of system]
- ☒ Groundwater
  - ☒ Subsurface (tilefield, seepage pit, etc.)
  - ☐ Spray Irrigation
  - ☐ Other, explain _____
- ☐ Surface Water _____ [name of stream]

Discharge Permit # _____
or applied for _____

SIGNATURE

Please sign here ➡ BRUCE D. BURTON PE
[signature]

BRUCE D. BURTON PE (OWNER'S AGENT) 9/15/93
[please print name, title, and date here]

THIS APPLICATION WILL NOT BE PROCESSED WITHOUT A SIGNATURE AND A LOCATION MAP

REVIEW BY COUNTY HEALTH DEPARTMENT OR DESIGNATED AGENCY

THIS SECTION NOT TO BE COMPLETED BY APPLICANT

Is this Project consistent with the County Water and Sewerage Plan and local planning and zoning?

☐ YES ☐ NO, explain _____

Signature of county representative _____
[signature] [title] [date]

LAND DESIGN ENGINEERING, INC.

PLANNING • ENGINEERING • SURVEYING

RON (CW)

September 21, 1993

Mr. Craig Williams, Program Director
Bureau of Environmental Health
Howard County Health Department
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

Woodmark Subdiv

re: Lowe Property
Lots 1, 3 and 4

Dear Mr. Williams:

Please find a completed Ground Water Appropriation Permit Application and Location Map for the above referenced subdivision.

Should you have any questions regarding the processing of the application, please contact our office.

Very truly yours,

LAND DESIGN ENGINEERING, INC.

Bruce D. Burton

Bruce D. Burton, P.E.
Vice President

BDB:dmm

Encs.

cc: Lois H. Lowe

8835-N Columbia 100 Parkway • Columbia • Maryland 21045
(410) 715-1070 (Balto.) • (301) 596-3424 (Wash.) • (410) 715-0681 FAX